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Please type a plus sign (+) inside this box->/+/ UTILITY			Atty Doc. No. <u>480/1240</u> Total Page				
PATENT APPLICATION			FIRST NAMED INVENTOR OR APPLICATION IDENTIFIER (
TRANSMITTAL			Joerg BREITENBACH et al.				
		E	Express Mail Label No.				
Α	Application Elements		Address To: Assistant Commissioner for Patents Box Patent Application Washington, D.C. 20231				
1./X / Feg	transmittal Form		6. / / Microfiche Computer Program (Appendix)				
(Submit an original, and a duplicate for fee processing) 2./ X /Specification Total Pages /26 / (Preferred arrangement set for below)			7. / Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)				
Descriptive title of the Invention			a./ / Computer Readable Copy				
Cross Refe	rences to Related Application		b./ / Paper Copy (Identical to computer copy)				
Statement I	Regarding Fed. Sponsored R & D		c / / Statement verifying identity of above copies				
Reference t	to Microfiche Appendix		ACCOMPANYING APPLICATIONS PARTS				
Background	d of the Invention		8./ / Assignment Papers (cover sheet & document(s)				
Brief Summ	nary of the Invention		9./ / 37 CFR 3.73(b)Statement / /Power of Attorney				
Brief Description of the Drawings (if filed)			10./ /English Translation Document (if applicable)				
Detailed Description			11./ /Information Disclosure / / Copies of IDS Citations				
Claim(s)			12./X/Preliminary Amendment				
Abstract of	the Disclosure		13./X/Return Receipt Postcard (MPEP 503)				
	ring(s)(35 USC 113)(Figs.) Total Sheet: Total Pages		(Should be specifically itemized) 14./ /Small Entity / /Statement filed in prior application Statements Status still proper and desired 15 // Certified Copy of Priority Document(s)				
а	/ / Newly executed (original or copy)		(if foreign priority is claimed)				
b./ /Copy from a prior application (37 CFR 1.63(d)							
17. If a Continuing Application, check appropriate box and supply the requisite information: //Continuation //Divisional //Continuation-in part (CIP) of prior application No.							
-	ONDENCE ADDRESS	oonanaauon-m pa	art (CIP) of prior application No.				
/ Cust	omer Number or Bar code Label		or / / Correspondence address below				
	Insert Custo	omer No. or Attach	h bar code label here				
Name:	Herbert B. Keil KEIL & WEINKAUF						
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The filing fee has been calculated as shown below:

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Basic	Fee				\$ 740.00
Total Claims: $8 - 20 = x $9 / 18$					\$
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- [X] A check for \$ 740.00 for the filing fee.
- [X] The Commissioner is hereby authorized to charge any other fee required, including the issue fee, in connection with the filing and prosecution of this application, and to the extent necessary, applicant(s) hereby petition for extension(s)of time under 37 CFR 1.136, to be charged to our Deposit Account 11-0345.

Respectfully submitted, KEIL & WEINKAUF

Herbert B. Keil Reg. No. 18,967

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HBK/mks